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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Title of Invention	Hair Treatment Device
	Named Inventor(s)	Michael S. Hildreth
	Attorney Docket	43702-251979
	Express Mail Label No.	EL 910 717 926 US

APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
<p>1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims Small Entity status</p> <p>3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 14</p> <p>4. <input checked="" type="checkbox"/> Drawings Total Sheets 2 Total Pages 16</p> <p>5. Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. (i) <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p>	<p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>8. <input type="checkbox"/> Assignment: a. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)) b. <input type="checkbox"/> Assignment is of record in parent application No. _____</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney by assignee</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO- 1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>15. <input type="checkbox"/> Other: _____</p>		
<p>16. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Recite complete dependency back to first parent application:</p>			
<p>17. <b>CORRESPONDENCE ADDRESS:</b></p> <table><tr><td>Paul E. Knowlton, Esq. KILPATRICK STOCKTON LLP 1100 Peachtree Street Suite 2800 Atlanta, Georgia 30309-4530</td><td>By: <u>Paul E. Knowlton</u> Reg. No. 44,842 Date: September 28, 2001 Telephone: 404-815-6500 Facsimile: 404-815-6555</td></tr></table>		Paul E. Knowlton, Esq. KILPATRICK STOCKTON LLP 1100 Peachtree Street Suite 2800 Atlanta, Georgia 30309-4530	By: <u>Paul E. Knowlton</u> Reg. No. 44,842 Date: September 28, 2001 Telephone: 404-815-6500 Facsimile: 404-815-6555
Paul E. Knowlton, Esq. KILPATRICK STOCKTON LLP 1100 Peachtree Street Suite 2800 Atlanta, Georgia 30309-4530	By: <u>Paul E. Knowlton</u> Reg. No. 44,842 Date: September 28, 2001 Telephone: 404-815-6500 Facsimile: 404-815-6555		